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10/728335

EL0471USNA

Amendment and Response

Terminal Disclaimer

Fee Sheet

Page 1 of 7

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NO. 8088 P. 2

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2007 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

130.00

Complete if Known

Application Number	10/726335
Filing Date	December 04, 2003
First Named Inventor	Jay Robert Dorfman
Examiner Name	
Art Unit	1751
Attorney Docket No.	EL0471USNA

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 50-0421 Deposit Account Name: Solae, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	<input type="checkbox"/>	300	<input type="checkbox"/>	150	<input type="checkbox"/>	500	200
Design	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	250	100
Plant	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	300	80
Reissue	<input type="checkbox"/>	300	<input type="checkbox"/>	150	<input type="checkbox"/>	250	300
Provisional	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	0	0

2. EXCESS CLAIM FEESFee DescriptionEach claim over 20 (including Reissues) Fee (\$) 50 25Each independent claim over 3 (including Reissues) Fee (\$) 200 100Multiple dependent claims Fee (\$) 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	<input type="checkbox"/>	x 50.00 =				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	<input type="checkbox"/>	x 200.00 =		YES <input type="checkbox"/>	360.00	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	<input type="checkbox"/>	/ 50 =	(round up to a whole number) x 250.00 =	

4. OTHER FEE(S)

<input type="checkbox"/> Non-English Specification, \$130 fee (no small entity discount)	<u>Fee Paid (\$)</u>
<input checked="" type="checkbox"/> Other (e.g., late filing surcharge): Terminal Disclaimer	<u>130.00</u>

SUBMITTED BY

Signature	<i>Barbara C. Siegell</i>	Registration No. (Attorney/Agent) 30,684	Telephone (302) 992-4931
Name (Print/Type)	Barbara C. Siegell	Date 8-9-07	

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